



January 28, 2014

Re: Project No. **S-866**
Two-Year Countywide Contract for Rehabilitation of Sanitary Sewers by the Cured-In-Place Lining Method with County Option to Renew for an Additional Two years on a yearly basis.

Dear Sir or Madam:

The above-referenced contract is being considered for small business contract measures. If you are interested in participating as a CSBE to perform work in connection with this project and meet the requirements listed in this letter, please complete and return the attached Verification of Availability to bid **by Friday, January 31, 2014, at 1:00 P.M.** It is asked that **all pages are returned completed in its entirety. Failure to complete will result in this Verification of Availability to Bid Letter not being considered.**

Please review the enclosed description of the project.

The letter of availability may be sent **via facsimile transmission to (305) 375-3160 or via email to coralee@miamidade.gov.** If you have any questions, please contact me at (305) 375-3115.

Sincerely,

Coralee Taylor, Contract Development Specialist 2
Internal Services Department
Small Business Development (SBD) Division

VERIFICATION OF AVAILABILITY TO BID

INTERNAL SERVICES DEPARTMENT (ISD)
SMALL BUSINESS DEVELOPMENT (SBD) DIVISION
COMMUNITY SMALL BUSINESS ENTERPRISE PROGRAM
111 N.W. 1ST STREET, 19th FLOOR
MIAMI, FLORIDA 33128
PHONE: 375-3111 FAX: 375-3160

PROGRAM COORDINATOR: **Coralee Taylor**

I am herewith submitting this letter of verification of availability and capability to bid, provided the proposed scope of work attached. (**NOTE:** Please provide all the information requested; incomplete and/or incorrect verifications are not acceptable or usable.)

CONTRACT TITLE: Two-Year Countywide Contract for Rehabilitation of Sanitary Sewers by the Cured-In-Place Lining Method with County Option to Renew for an additional two years on a yearly basis.

PROJECT NUMBER: S-866

Estimated Contract Amount: \$5,550,900.00

(Scope of work and minimum requirements for this project are attached.)

NAME OF COMMUNITY SMALL BUSINESS ENTERPRISE (CSBE)

ADDRESS

CITY

ZIP CODE

Certification Expires: _____ Telephone: _____ *****Bonding Capacity:** _____

PRINT NAME AND TITLE

SIGNATURE OF COMPANY REPRESENTATIVE

DATE

Currently Awarded Projects (Name of Project and Owner)	Project Completion Date	Contract Amount	Anticipated Awards

VERIFICATION OF AVAILABILITY TO BID

CONTRACT TITLE: Two-Year Countywide Contract for Rehabilitation of Sanitary Sewers by the Cured-In-Place Lining Method with County Option to Renew for an additional two years on a yearly basis

PROJECT NUMBER: S-866

PROJECT DESCRIPTION

This project consists of furnishing all labor, materials and equipment necessary to repair approximately 130,630 linear feet of faulty 8 through 36-inch diameter gravity sanitary sewers in both industrial and non-industrial areas by the cured-in-place pipe lining method under different work orders at different locations anywhere within the limits of Miami-Dade County, Florida, as ordered by WASD during a two year period.

The work will also include the following: reinstatement of approximately 1,400 service laterals, including sealing the lateral connections; cleaning and video inspections with closed circuit television (CCTV); supplementary cleaning of the sewers to be repaired, and removal and proper disposal of solids as required; by-pass pumping of sewage; maintenance of traffic (MOT); and all other appurtenant and miscellaneous items and work for a completed Project. The work in the sewer shall be accomplished through sanitary sewer manholes, without disturbing the street surface or adjacent property or any utility, except when performing excavated point repairs of sewers.

QUALIFICATIONS OF BIDDERS:

Bidder shall have a minimum of five (5) years experience performing pipeline installations and/or pipeline rehabilitation by the cured-in-place pipe lining method.

In the event a new firm is established by executives, supervisors and other senior field staff (key employees) that would have met these minimum experience requirements with a prior firm, the Miami-Dade Water and Sewer Department (WASD) reserves the right to qualify the new firm based on WASD's sole determination and evaluation of the knowledge and prior experience of these key employees employed by the new firm.

Bidders must demonstrate that the firm or its key employees, as described above, have experience performing pipeline repairs by means of the Cured-In-Place Pipe lining method within the company's noted history.

Each bidder must submit proof that his/her firm has been regularly and successfully engaged in the installation of the liner product for a minimum of one (1) year, and has successfully performed an aggregate amount of at least 100,000 linear feet of sanitary sewer repairs of 8 through 36 inches in diameter in sub-aqueous conditions. Further, bidders must submit proof that the liner system submitted must have a documented minimum amount of 500,000 linear feet of any pipe diameter of successful wastewater installation in the United States, for the bid to be acceptable.

Contractor Qualifications Questionnaire

This questionnaire will assist SBD in identifying the qualified contractors that “comply” to perform the aforementioned scope of work. Indicate yes “Y” or no “N” on the empty line on the left side of this questionnaire and forward it completely filled out to this e-mail address: coralee@miamidade.gov or via fax (305) 375-3160 attention Mrs. Coralee Taylor.

SPECIAL REQUIREMENTS

Proposers must have State of Florida General Contractor, State of Florida Underground Utility/ Excavation Contractor, Miami-Dade County General Contractor, Miami-Dade County General Engineering Contractor, and Miami-Dade County Pipeline Contractor.

_____ Proposer meets these requirements

_____ Proposer DOES NOT meet these requirements

Similar projects in installation of the liner product for a minimum of one (1) year, and has successfully performed an aggregate amount of at least 100,000 linear feet of sanitary sewer repairs of 8 through 36 inches in diameter in sub-aqueous conditions. (Name of Project and Owner)	Project Completion Date	Contract Amount	Project Contact Person & Telephone # for Verification

I certify that to the best of my knowledge all the information provided is verifiable and correct.

COMPANY NAME: _____

NAME OF REPRESENTATIVE: _____

TITLE: _____ SIGNATURE: _____

TELEPHONE NUMBER: _____ E-Mail Address: _____